

APPLICATION FOR CERTIFICATION AS A SEASONAL EMPLOYER

DUA USE
ONLY Plan Number:

Submit this request to:

Massachusetts Department of Unemployment Assistance
19 Staniford Street, 5th Floor
Boston, MA 02114
Fax (617) 626-5174

PART A

1. Name of Employer	2. Employer Account Number
	3. Federal I.D. #
4. Mailing Address	
5. Location of Seasonal Work, if different from address listed on Line 4	
6. Contact Person	7. Telephone Number of Contact Person

8. Is the **entire** business operation to which this application applies seasonal? ☐ Yes ☐ No

PART B

1. Describe the nature of your business:		
2. The Massachusetts Department of Unemployment Assistance defines a "week" as seven consecutive days beginning on Sunday and ending on Saturday. What will be the number of working days in your standard work week? _____		
3. Please list the dates of your seasonal operation:		
Begin Date	End Date	Number of Weeks
_____	_____	_____
<i>Dates must be specific. For example, July – Sep. 2011 is not specific. July 3, 2011 – Sept. 4, 2011 is specific.</i>		

PART C

1.(a) Describe the nature of the **non-seasonal** portion of your business if applicable:

(b) Describe the nature of the **seasonal** portion of your business to which this application applies:

2. List the functionally distinct occupations in the seasonal portion of your business described in Section 1 (b) above, and the exact start and end dates of these positions.

(Dates must be specific. For example, July – Sept. 2011 is not specific, 7/3/2011 – 9/4/2011 is specific.)

Seasonal Occupation	Exact Start Date	Exact End Date	Number of Weeks

PART D EMPLOYER CERTIFICATION

This application must be submitted 60 days prior to the start date of the seasonal operation and must be signed by the owner, a partner, a corporate officer, or duly authorized employer representative.

I certify to the following:

1. I certify that the information provided on this application is correct to the best of my knowledge.
2. If this application is approved, I will post a copy of the Certification as a Seasonal Employer for inspection by my employees and I will issue a copy of the Certification as a Seasonal Employer to all applicants for seasonal employment.
3. If this application is approved, I will issue a copy of the Notice to Employees of Certification as a Seasonal Employer to all seasonal employees.
4. I will report seasonal wages paid to seasonal employees to the Department of Unemployment Assistance on a quarterly basis.
5. If this application is denied, I will post a copy of the denial notice for inspection by my employees.

Print Name:_____ **Title:**_____

Signature:_____ **Date:**_____

Telephone Number:_____

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You may also Fax this application to (617) 626-5174

If you have any questions, please call (617) 626-5451.